

SSWA TEAM ACCEPTANCE FORM

Participants are required to complete this TEAM ACCEPTANCE FORM, the ONLINE REGISTRATION FORM and UNIFORM ORDER to confirm their place in the team. All 3 must be fully completed by:

PLAYER PERSONAL DETAILS

<i>First Name</i>		<i>Surname</i>		<i>DOB (dd/mm/yyyy)</i>	/	/
<i>SSWA Team</i>		<i>Event Details</i>		<i>School Attending</i>		
<i>Email address</i>		<i>Parent Mobile</i>		<i>Home Phone</i>		

PLAYER AGREEMENT

As a bona fide team member of a School Sport WA team I will undertake to:

- represent my school in my chosen sport, when required;
- attend all training and trial games for my sport including those times where I may be injured;
- represent SSWA, where required, in compliance with School Sport WA policies and guidelines;
- in conjunction with my parents assume financial responsibility for the preparation and presentation of my team membership in accordance with School Sport WA rules and guidelines;
- work cooperatively with the Tour Leader, Coach and Manager at all times;
- comply with all approved timelines as determined by team management and the SSWA office;
- honour all SSWA, and where applicable, State Sporting Association sponsorship and contract agreements;
- agree to read and abide by codes of behaviour;
- be sensitive to the feelings of fellow team members and team management;
- represent myself, my parents, my school and my state at all times in a manner beyond reproach and with clear understandings of my responsibilities as a state team member;
- allow my image to be used for promotional purposes through social media, print media and live streaming.

As a bona fide member of a School Sport WA team I undertake to comply with all other rules, guidelines and conditions applicable to my representative status, not covered specifically in this agreement and understand that non compliance will result in the application of appropriate sanctions as determined by my team management.

Player Signature	
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PARENTAL AGREEMENT and CONDITIONS OF ACCEPTANCE

<i>First Name</i>		<i>Surname</i>	
<i>Relationship to player</i>			

I give permission for my son/daughter to participate in the above mentioned School Sport team and:

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| <ul style="list-style-type: none"> • Agree to abide by all SSWA policies & guidelines • Am aware of the total costs of the tour • Have completed the ONLINE REGISTRATION FORM • Have ordered and paid for the required uniform • Agree to pay all due monies by the required date • Agree to return all issued raffle books by the due date | <ul style="list-style-type: none"> • Allow my child's image to be used for promotional purposes through social media, print media and live streaming. • Have advised the school that my son/daughter will be attending the interstate sporting event and will be absent from school for the dates listed above. |
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Signature: (Parent)	<i>Date</i>
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INFORMATION FOR PRINCIPAL

SSWA is pleased to advise that this student has been selected to represent WA in the above School Sport Australia Championship. DoE contracts SSWA to manage safe and efficient competitive school sport on its behalf. This student will join over 600 students from 40 different teams who will represent the state this year.

Our Grant Agreement with DoE requires SSWA to:

- maintain appropriate insurances in relation to the provision of the Service;
- ensure that compulsory criminal record checks have been completed on all volunteers and employees; and
- conduct off school site activities in accordance with the DoE **Excursions: Off School Site Activities Policy**.

All the information that you require is on our website – www.schoolsportwa.com.au [Interstate Teams]. A copy of the Excursion Management Plan can be found on the Risk Management link.

I confirm that the student named above is enrolled at this school. I also certify that his/her conduct, attendance and schoolwork are of such a standard that I have no hesitation in recommending him/her as one who merits selection in this team.

I am satisfied that the Excursion Management Plan for this event meets the requirements of the Excursions: Off School Site Activities Policy. I approve this student's participation in the School Sport Australia activity.

Signed: (Principal)	<i>Date</i>	<i>School Stamp</i>
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Please Email this completed form to School Sport WA
Email - school.sport@education.wa.edu.au